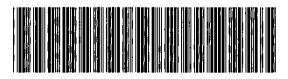
P0600001384

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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R.A. Address change

21918

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	JECT: Sea Star International, Inc.	orporation)			
DO C	2144DN/Z NIVIADDD				
	UMENT NUMBER: P06000013841				
The en	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this matter	to the following:			
	Michael W hipple				
(Name of Contact Person)					
Sea Star International, Inc.					
	(Firm/Co	ompany)			
2740 SW Martin Downs Blvd. #199					
	(Add	ress)			
	Palm City, FL 34990				
(City/State and Zip Code)					
For fu	orther information concerning this matter, please of	eall:			
Micha	ael Whipple	at (772) 323 4777			
	(Name of Contact Person)	at (772) 323 4777 (Area Code & Daytime Telephone Number)			
Enclo	osed is a \$35.00 check made payable to the Depart	ement of State.			
	Mailing Address: Amendment Section	Street Address:			
		Amendment Section			
, .	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
,	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

TO:

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regis		Florida	
•	he corporation: Sea Star International,			
	office address: 2740 SW Martin Down			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 2/1/2006	Document number: P060000)13841	
	I street address of the current registered tment of State:	agent and registered office on file with	th the	
	Michael C. Whipple		_	
	3275 SE Federal Hwy. #199		2008 TAL	
	Stuart, FL 34997		FEB CRET	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	2740 SW Martin Downs Blvd.	#199	53 RIDA	
	(P.O. Box NOT acceptable Palm City, FL 34990	ole)	-	
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of it	s registered agent,	
Such change was authorized by the	as authorized by resolution duly adopine board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so	
My	Mol an ollicer or director)	Michael Whi pole (Printed or typed rating and	Pres	
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent of the comply with the provisions of all standard am familiar with and accept the of the filed merely to reflect a change in a been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and con bligation of my position as registere the registered office address, I herei		
mh	moderature of Registered Agent)	2 -15-08 (Date)		
If signing on be	chalf of an entity:	(Date)	· 	
	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *